



THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF LABOR STANDARDS
DIVISION OF APPRENTICE STANDARDS
P.O. Box 146759 19 Staniford St. 2nd Floor BOSTON, MA 02114

Notification of Apprentice Cancellation
(To be submitted within 30 days of the apprentice's cancellation)

Company Name_____

Company Address_____

City, State, Zip Code_____

In compliance with the Regulations and Standard of the Apprenticeship Program we are hereby notifying the Division of Apprentice Standards that the following apprentice(s) will no longer be indentured to the above named company, at the above address.

Apprentice Name_____

Apprentice Trade_____

Date of Apprenticeship Termination_____

Reason for Cancellation_____

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